

Hilbrands Family Day Care

Provider / Parent Agreement

I. _____ , Agree to pay _____ per _____
(parents name) (amount) (day, week, month)

to Michelle Hilbrands for child care according to the schedule below; and agree to
(Providers Name)
pay an additional overtime charge of _____ in the event the child or children
(amount per hour)
are cared for additional time that is in not shown on the schedule .

Payment will be made in the following manner:

By _____ or _____ on _____
(Name of person to pay) (Name of person to pay) (Day of week/month)

Child Care Schedule:

Schedule Mon ___ to ___ Tue ___ to ___ Wed ___ to ___
Thur ___ to ___ Fri ___ to ___

Children: _____

Meals expected: _____

Special notes: _____

I have read and understand all of the rules on the attached Day Care Rules sheets and agree to abide by them.

(Parents Signiture)

(Providers Signiture)

(date)